

U.S. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or \_\_\_\_\_

City of Mission

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 207County Registrar No. 799

Local Registrar No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Arturo Cota3. Sex of Child  
Male  
To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? \_\_\_\_\_

7. Date Aug-24-1926  
Month day year5. No., in order of birth yes

5. FATHER

Full name Santos Cota

14. MOTHER

Full maiden name Petra Encinas9. Residence  
(Usual place of abode) Mission, Ariz  
If nonresident, give place and state15. Residence  
(Usual place of abode) Mission, Ariz  
If nonresident, give place and state10. Color or race  
Mexican11. Age at last birthday 23 (Years)15. Color or race  
Mexican17. Age at last birthday 19 (Years)12. Birthplace (city or place) Buckeye  
(State or country) Ariz18. Birthplace (city or place) Tombstone  
(State or country) Ariz13. Occupation  
Nature of industry Miner19. Occupation  
Nature of industry Housewife20. Number of children of this mother  
(Taken as of time of birth of child herein  
certified and including this child.)  
(a) Born alive and now living 1  
(b) Born alive but now dead none  
(c) Stillborn none21. Were precautions taken against oph-  
thalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 2 a. m. on the date above stated.  
(Born alive or stillborn.)\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child  
is one that neither breathes nor shows other  
evidences of life after birth.Given name added from  
a supplemental report

Signature \_\_\_\_\_

Address \_\_\_\_\_

C. J. Fotel  
(Physician or midwife)Mission, Ariz  
Local Registrar.

Month, day, year.

Filed Sept 1, 1926

Filed \_\_\_\_\_, 19\_\_\_\_

Registrar.

County Registrar.

131-824-758